

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/069280</div>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL DEP.			22		38								
TOTAL CLAIMS			24		42								
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TOTAL IND.		↓		↓		↓			↓		↓		↓
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